0860

00836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burla Millington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Jester (Last) Anthony

4. DATE OF DEATH (Month) Jan. (Day) 9 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 11-1893

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Anthony

14. MOTHER'S MAIDEN NAME Silvester-Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-32-0994

17. INFORMANT AND ADDRESS Charles Anthony--Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis, arteriosclerosis -

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 hours.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.11, 1953, to 1.9, 1954, that I last saw the deceased alive on 1.9, 1954, and that death occurred at 8.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gefo Rosalewski, M.D. ADDRESS Millington, Md. DATE SIGNED 1.11.54.

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Jan. 12 NAME OF CEMETERY OR CREMATORY Millington LOCATION (City, town, or county) (State) Millington, Md.

DATE REC'D BY LOCAL REG. Jan. 11 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

0861

00837

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Carroll (Last) Booker
4. DATE OF DEATH (Month) Jan. (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec.16-1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Booker
14. MOTHER'S MAIDEN NAME Nickerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Mary Booker--Barcley, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arterial Sclerosis

19a. DATE OF OPERATION 0 W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Jan 2, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 10 P m, from the causes and on the date stated above.

SIGNATURE C H Whitecollar (Degree or title) M.D. ADDRESS Sudlersville Md DATE SIGNED 1/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 6
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville, Md.

DATE REC'D BY LOCAL REG. Jan. 4
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1954
BUREAU V. S.

0862

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00838

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 131 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chester
STREET ADDRESS (If rural give location) Box 131

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Robinson (Last) Brown

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Bobby
8. DATE OF BIRTH: Sept 24, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 3 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leslie Brown
14. MOTHER'S MAIDEN NAME: Florence Gleaves

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Florence Brown, Chester, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

480X

Immediate cause (a) Virus Pneumonia (broncho-) — Interval Between Onset And Death: Jan. 12, 1954.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Influenza Virus — several days

DUE TO

(c) enteritis + colitis (Virus influenza) — Jan. 10. 1954.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1954, to Jan. 12th, 1954, that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 5:50 P., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED Jan. 12. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-15-54
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chester (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-15-'54
REGISTRAR'S SIGNATURE Elizabeth Hoxter
24. FUNERAL DIRECTOR James B. Cochiell ADDRESS Easton, Md.

2093212405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1954
BUREAU V. S.

0863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00839

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sudlersville
LENGTH OF STAY (in this place) X 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 3500 Parklawn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Everett (Last) Clough

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 7/9/1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Everett
14. MOTHER'S MAIDEN NAME: Louise Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Louise Shackelford 3500 Parklawn Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arterial Sclerosis
DUE TO
(c) Chronic Myocarditis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1954, to Jan 12, 1954, that I last saw the deceased alive on Died Instantly, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE C. N. Wilcox (Degree or title) M.D. ADDRESS Sudlersville Md. DATE SIGNED 1/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) (State) Sudlersville, Md.

DATE REC'D BY LOCAL REGISTRAR 1/14/54
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

RECEIVED
JAN 20 1954
BUREAU V. S.

0864

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00840

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
STREET ADDRESS (If rural give location) Kidwell Ave

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) MAE (Last) DOLBY

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 15-1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Residence
11. BIRTHPLACE (State or foreign country): Nova Scotia, Canada
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Cyrus Durkee
14. MOTHER'S MAIDEN NAME: Sara Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr J. E. Dolby Centreville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X
Immediate cause (a) Diabetes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1940, to 1-28, 1954 that I last saw the deceased alive on 1-28, 1954 and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) N. J. McPherson M.D. ADDRESS DATE SIGNED 1-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 31-54
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR 1-29-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Baxter Bros. ADDRESS Centreville Maryland

RECEIVED
FEB 5 1954
BUREAU V. S.

Film#G161 Item# 8 2/8/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Queentown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 Box 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queentown
STREET ADDRESS (If rural give location) Route 1, Box 15

3. NAME OF DECEASED: (Type or Print) (First) Charley (Middle) (Last) Griffin

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1892 Mar. 13

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer (Farmer)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Griffin

14. MOTHER'S MAIDEN NAME: Harriett Hazeltons

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Albert Griffin, Queentown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis - C-V- Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ....,19 53, to Jan. ....,19 54, that I last saw the deceased alive on Jan. 21, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin S. Hoff MD — ADDRESS Queentown Md. — DATE SIGNED 1/30/54

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial — DATE THEREOF 1/30/54 — NAME OF CEMETERY OR CREMATORY John Wesley Cem — LOCATION (City, town, or county) (State) Carmichael Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 30-54 — REGISTRAR'S SIGNATURE Helen M. Aldridge — 24. FUNERAL DIRECTOR James L. Gabriell — ADDRESS Easton, Md.

VS. A15

RECEIVED
FEB
BUREAU V. S.

0855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester, | LENGTH OF STAY (in this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chester
STREET ADDRESS (If rural, give location) Cox Neck.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Hazelton	Lee		January	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Aug. 13, 1919	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Cook in Private Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Percy Lee.	Frennie Augusta Hazelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes.	1942-1944	213-18-4781	Aunt - Emma Hazelton - Chester.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
24 Immediate cause	(a) Myocardial Insufficiency	1-2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	5 yrs.
Last	(c) Pulmonary Tuberculosis	10-11 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Jan. 2, 1954, that I last saw the deceased alive on January 2, 1954, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. Wm. Martin, Jr., M.D.	Queenstown, Md.	January 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 6, 1954	Chester	Chester Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 6, 1954	Elizabeth Hopkins	Lewis H Bayne	Cambridge Md

RECEIVED
JUL - 1954
BUREAU V. S.

086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Carl	rkey	Jan.		19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
	White		Jan. 3-1800	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Certified Plant	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	212-03-4221	rl [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Occulsion	1115 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	Indefinite
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Non

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 2, 1954, to Jan 2, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 5:20 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C Rodney Layton	MD	Centreville Md	Jan 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 4	Edgar L. Lane	Edgar L. La	

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JAN 11 1954
BUREAU V. S.

0880

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25 62

1. PLACE OF DEATH: COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Wye Mills
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Wye Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Janie (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Dec 23, 1885 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Margaret James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Vivian T. Thomas Wye Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the uterus — Interval between onset and death: ? yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 53 to Jan., 19 54 that I last saw the deceased alive on Dec. 30, 1953 and that death occurred at 9:45 m., from the causes and on the date stated above.

SIGNATURE: Vivian T. Hurst MD (Degree or title) — ADDRESS: Queenstown — DATE SIGNED: 1/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 12, 1954 — NAME OF CEMETERY OR CREMATORY: St. Paul's — LOCATION (City, town, or county) (State): near Denton, Md.

DATE REC'D BY LOCAL REG. 1/9/54 — REGISTRAR'S SIGNATURE: Elsie Armstrong — 24. FUNERAL DIRECTOR: J. Wright Moore — ADDRESS: Denton, Md.

JAN 12 1954
BUREAU V. S.

0869

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fill correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Centreville
STREET ADDRESS (If rural, give location) The Hermitage

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Sue (Last) Thomas

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 10, 1953

9. AGE last birthday: yrs. If under 1 year: Months 5; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Preston Thomas

14. MOTHER'S MAIDEN NAME: Mary Linda Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mother - Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1953 to Jan. 10, 1954, that I last saw the deceased alive on Jan. 10, 1954, and that death occurred at 6 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin D. Hoyt M.D. ADDRESS Queenstown, Md. DATE SIGNED 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 12 — NAME OF CEMETERY OR CREMATORY: Centreville — LOCATION (City, town, or county) (State): Centreville Md.

DATE REC'D BY LOCAL REG. 1-12-54 — REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 546

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Millington X
LENGTH OF STAY (in this place) 13 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robbins Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) (Last) TONKIN

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1872 July 23, 1873

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Millington, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Tonkin

14. MOTHER'S MAIDEN NAME: Rosland Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sudler Weist, Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO

(c) —

Interval Between Onset And Death
(a) 6 years
(b) 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/7, 1947, to 1/8, 1954, that I last saw the deceased alive on 1/8/54 1954, and that death occurred at 11 7 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. H. Hamilton M.D. Millington Md. 1/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 13, 1954

NAME OF CEMETERY OR CREMATORY Millington Cem.

LOCATION (City, town, or county) Millington (State) Md

DATE RECD BY LOCAL REGISTRAR Jan. 12

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows

ADDRESS Millington, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1 PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester X
LENGTH OF STAY (in this place) 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chester
STREET ADDRESS (If rural give location) Dominion

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EMMA (Last) TROTT
4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1954

5. SEX: Female
6 COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 26 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anarundel Co Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Henry Trott
14. MOTHER'S MAIDEN NAME: Henrietta Whitney

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Grace Ema Clark, Chester Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
3.2.2.X
Immediate cause (a) Cerebral thrombosis + hemiplegia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis (general + cerebral
DUE TO
(c) mitral regurgitation (compensated)

Interval Between Onset And Death: Nov. 6. 1953 Dec 24 several years about 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Herpes zoster March 1953

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to Jan. 2, 1954, that I last saw the deceased alive on Jan 1, 1953, and that death occurred at 12 50 a. from the causes and on the date stated above.
SIGNATURE Theodor (Degree or title) Sattelmaier M.D. ADDRESS Stevensville Md. DATE SIGNED Jan. 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 4-54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Maryland
DATE REC'D BY LOCAL REGISTRAR Jan 4, 1954
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Barton Bros. Centreville. ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 11 1954
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00848

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PERCY (Middle) (Last) TUCKER

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 1-1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bookkeeper

11. BIRTHPLACE (State or foreign country): Centreville Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred E. Tucker

14. MOTHER'S MAIDEN NAME: Susan Atwell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 m (If Yes, give war or dates of service) m

16. SOCIAL SECURITY No.: 213-22-8783-A

17. INFORMANT & ADDRESS: Isabelle R Tucker Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.4 (a) Chronic Valvular disease of the heart

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arthritis, Sclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 1940 to 1/31, 1954 that I last saw the deceased alive on 1-29, 1954, and that death occurred at 8 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. McPherson M.D. ADDRESS Centreville DATE SIGNED 2/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feby 2-54

NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield

LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-2-54

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Maryland

RECEIVED
FEB 5 1924
BUREAU V. S.

0872

DOA @ 1 25 pm

00849

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Wye Mills
LENGTH OF STAY (In this place) D.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) R # 2 (Aireys)

3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) (Last) Wilson

4. DATE OF DEATH (Month) Jan. (Day) 4 (Year) 1954

5. SEX female

6. COLOR OR RACE negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married

8. DATE OF BIRTH July 2- 1900

9. AGE last birthday 53 yrs.

If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles E. Jackson

14. MOTHER'S MAIDEN NAME Martha P. Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-28-3497

17. INFORMANT Blanche Wilson, Cambridge, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull — Auto accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

816X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Ga. (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? M.V. with other motor vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M.D. Deputy med. Examiner for 2.a Ca Md

ADDRESS Centreville Md

DATE SIGNED 1-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF January 10, 1954

NAME OF CEMETERY OR CREMATORY Christ Church Cemetery

LOCATION (City, town, or county) Aireys, Maryland (State)

DATE REC'D BY LOCAL REG. 1-7-54

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR J.J. Frampton & Son Federalsburg Md.

ADDRESS

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JAN 15 1954
BUREAU V. S.